



The **Federal** Long Term Care Insurance Program™

Important: New Federal Long Term Care Insurance Program (FLTCIP) Regulations and Announcement of Suspension Period for FLTCIP Applicants

The U.S. Office of Personnel Management (OPM) is suspending applications for coverage under the Federal Long Term Care Insurance Program (FLTCIP) effective December 19, 2022. The premiums quoted within, and your ability to apply at this time, are only valid until December 18, 2022, 11:59 p.m. (ET). Premiums are based on your age and the premium rates in effect at the time we receive your application.

OPM is suspending applications for coverage under the FLTCIP to allow OPM and the FLTCIP carrier, John Hancock Life & Health Insurance Company, the time to thoroughly assess benefit offerings and establish sustainable premium rates that reasonably and equitably reflect the cost of the benefits provided, as required under 5 U.S.C. 9003(b)(2). For additional information about FLTCIP premiums, you may visit LTCFEDS.com/about-premiums.

OPM has determined that a suspension of applications for FLTCIP coverage, including coverage increases, is in the best interest of the program. OPM published a Federal Register Notice of Suspension for current and newly eligible individuals applying for coverage under the FLTCIP after the final regulation was published.

As of December 19, 2022, individuals not currently enrolled may not apply for coverage, and current enrollees may not apply to increase their coverage. The suspension will remain in effect for 24 months, unless OPM issues a subsequent notice to end or extend the suspension period. Newly eligible employees and newly eligible spouses of employees may apply with abbreviated underwriting and other eligible individuals can apply with full underwriting until 11:59 p.m. (ET) on December 18, 2022.

Eligible individuals who submit an application for FLTCIP prior to the start of the suspension period will have their application considered. If the application is approved for coverage, then the individual will receive a benefit booklet and schedule of benefits with complete coverage information.

Current enrollees' coverage status will not change as long as they continue to pay premium. For those in a claim status, there is no change to coverage or the claims reimbursement process as long as benefits have not been exhausted.

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, under a group long term care insurance policy, and administered by Long Term Care Partners, LLC.

Important Information for New FLTCIP Applicants

An important note about premiums

Premiums are not guaranteed. The premium for your group (for example, those with the same plan design or set of benefits) may only increase if it is determined to be inadequate. While the group policy is in effect, the U.S. Office of Personnel Management (OPM) must approve an increase in premium.

John Hancock Life & Health Insurance Company, as contractor under the Federal Long Term Care Insurance Program (FLTCIP), is required to regularly monitor FLTCIP experience and propose corrective action to OPM when experience indicates that it may be needed. Due to emerging program experience, there is a strong likelihood that premium rates for many FLTCIP enrollees may need to increase. At this time, there is no anticipated premium increase for the current FLTCIP 3.0 enrollees.

An important note about the premium stabilization feature (PSF)

The PSF is designed to reduce the potential need for future premium increases, and, under certain conditions, the PSF amount may be used to offset your future premium payments or provide a refund of premium death benefit. The PSF percentage is used to calculate the amount of premium paid that may be available under the PSF.

As outlined in the *FLTCIP 3.0 Benefit Booklet*, the PSF percentage may be adjusted, with OPM approval, due to actual and projected FLTCIP experience. **The PSF percentage for all FLTCIP 3.0 enrollees changed from 35% to 20%, effective February 1, 2022.** Due to emerging program experience, it is possible that the PSF percentage may be reduced further in 2023. If the PSF percentage reaches its minimum of 10%, and an additional adjustment is needed, a premium rate increase would then be necessary.

Visit LTCFEDS.com/changes to get up-to-date information as it becomes available.



The **Federal** Long Term Care Insurance Program™

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, under a group long term care insurance policy, and administered by Long Term Care Partners, LLC.



OPM.GOV

Federal Long Term Care Insurance Program

3.0 Abbreviated Underwriting Application

Valid beginning October 21, 2019

This application is **only** for persons who are **1** in one of the following groups:

- ▶ new or newly eligible employee
- ▶ spouse of a new or newly eligible employee
- ▶ newly married spouse of an eligible employee

2 and applying **within** 60 days of becoming eligible to apply.

All other eligible individuals **cannot** use this application and must use the FLTCIP 3.0 Full Underwriting Application. Call us at **1-800-LTC-FEDS** (1-800-582-3337) TTY 1-800-843-3557 or visit **LTCFEDS.com/downloads** to download the application.

Each eligible individual wishing to apply for coverage must complete a separate application.

Important information to consider before you apply for coverage under the Federal Long Term Care Insurance Program (FLTCIP)

People buy long term care insurance for many reasons. Some buy insurance to make sure they can choose the type of care they receive. Others do not want to use their own assets or have their family pay for long term care. But long term care insurance can be expensive and is not right for everyone.

Please read below for important information and questions that may help you decide if you should apply for this coverage. We recommend that you read the following materials: *Book One: Program Details and Rates*, which includes the FLTCIP 3.0 Outline of Coverage; *Book Two: Additional Information*; Premium Rate Increase and Lapse History; and *A Shopper's Guide to Long-Term Care Insurance*, all of which are found online at **LTCFEDS.com/downloads** and in the application kit. If you have questions about whether long term care insurance is appropriate for you, please call us at **1-800-LTC-FEDS** (1-800-582-3337) TTY 1-800-843-3557.

1. Can you afford to pay the premiums for the coverage you are considering?

If you plan to pay premiums solely from your own income, a general guideline is that you may not be able to afford this coverage if the premium is more than 7% of your income.* Your premium is based on the benefit options you select, your age, and the premium rates in effect at the time we receive your application. If you need help calculating your premium or creating a plan that suits your needs, please visit **LTCFEDS.com/calculator** or call us at **1-800-LTC-FEDS** (1-800-582-3337) TTY 1-800-843-3557.

2. Can you afford future changes to your premiums?

Your premiums may increase if:

- ▶ you increase your coverage, either by accepting increases to your benefits under the future purchase option, or by requesting and being approved for an increase in your benefits; and/or
- ▶ you are among a group of enrollees (for example, those with the same plan design or set of benefits) whose premium is determined to be inadequate.

Note: Premiums are not guaranteed. While the group policy is in effect, the U.S. Office of Personnel Management (OPM) must approve an increase in premium rates.

3. If you are considering the future purchase option, have you looked at whether you can afford increased premiums for future increases to your benefits?

If you do not plan to accept future increases, have you considered how you will pay for any long term care that exceeds the amount your insurance will cover?

4. Do you qualify for Medicaid, or are you likely to qualify in the near future?

Medicaid may be available to cover long term care services if you have low income and few assets. If this applies to you now, or you expect it to in the next 10 years, you may want to consider whether long term care insurance is right for you. Eligibility requirements vary by state. To learn more about Medicaid, contact your local or state Medicaid agency.

* National Association of Insurance Commissioners. "A Shopper's Guide to Long-Term Care Insurance," 2019.



The **Federal** Long Term Care Insurance Program™

FLTCIP10437 v. 1 0919

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, and administered by Long Term Care Partners, LLC.



OPM.GOV

Personal Information

Part A

☐ Mr. ☐ Mrs. ☐ Ms.

First name M.I. Last name

Address line 1

Address line 2

City

State/Territory

Country

Zip/Foreign postal code

Gender

☐ Male ☐ Female

Home phone

- -

Date of birth

/ /

Month Day Year

Mobile phone

- -

Email

Social Security number*

- -

* We use SSNs to obtain health information for underwriting purposes and during the claims process, verify eligibility, issue LTC-1099s, and process payroll deductions. Please call us at the number below if you do **not** have a Social Security number (SSN).

Please select which group makes you eligible, and then provide the requested information for that group.

Visit LTCFEDS.com/eligibility for a detailed description of each option below.

New or newly eligible employee

Select your affiliation. Please check only one.

☐ Federal government ☐ Uniformed services
☐ U.S. Postal Service ☐ Other

Enter the date you became eligible.

/ / (date required)

Month Day Year

Provide the following information.

Agency or branch of service

Visit LTCFEDS.com/agency-search or call us at the number below if you need help determining your agency name.

Newly eligible spouse

☐ Current spouse of a new or newly eligible employee Employee became eligible on

/ / (date required)

Month Day Year

☐ Newly married spouse of an eligible employee I married on

/ / (date required)

Month Day Year

Note: Spouses who are also eligible employees can only use this application if they are newly eligible based on their own employment status.

Please provide the following information about the employee who makes you an eligible individual.

Employee's name

First name M.I. Last name

Employee's date of birth

(date required) / /

Month Day Year

Employee's SSN

- -

Employee's affiliation

☐ Federal government ☐ U.S. Postal Service
☐ Uniformed services ☐ Other

Employee's agency or branch of service

Visit LTCFEDS.com/apply to apply online or call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

1. ☐ Yes ☐ No Do you currently reside in, or has a health professional advised you to enter, a nursing home or any type of assisted living facility?
2. ☐ Yes ☐ No Are you currently receiving home health care services or attending adult day care?
3. ☐ Yes ☐ No Do you currently require or receive human help or supervision with any of these activities?
 - ▶ Bathing
 - ▶ Dressing
 - ▶ Eating
 - ▶ Transferring yourself from bed to chair
 - ▶ Toileting (getting to and using the toilet, completing hygiene-related functions after use)
 - ▶ Continence (changing protective undergarment, managing ostomy bag and catheter, completing hygiene-related functions)



If the answer to each of Part B questions 1–3 is “No,” please continue with Part B questions 4–7.

If the answer to any of Part B questions 1–3 is “Yes” for a condition that will not resolve within six months after the date you became eligible to apply, you are **not** eligible for any of the insurance options under the Federal Long Term Care Insurance Program (FLTCIP). You are eligible for a non-insurance service package providing access to care coordination and a discounted network of long term care providers and services. If you would like to receive information about this non-insurance service package, make sure that your personal information in the previous section and Part B questions 1–3 are complete and mail this application. Do not complete the rest of this application.

If the answer to any of Part B questions 1–3 is “Yes,” you may reapply if your condition resolves (you are able to answer “No” to Part B questions 1–3). You may use the FLTCIP 3.0 Abbreviated Underwriting Application to reapply if your condition resolves within six months of the date we receive this application, and, in this instance, we will preserve your age as of that date. *(Indicate by checking below if you are reapplying under this provision.)*

- ☐ I am reapplying after the end of my 60-day eligibility period (but within six months after the date I became eligible to apply). My answer to Part B questions 1, 2, and/or 3 has changed from “Yes” to “No” because my condition resolved.

If more than six months have passed since your initial application, you will need to submit the FLTCIP 3.0 Full Underwriting Application to reapply.

4. ☐ Yes ☐ No Do you currently have, or have you ever been diagnosed with, or ever been treated for, any of the following conditions?
 - ▶ AIDS or HIV
 - ▶ Alzheimer’s disease, cognitive impairment, dementia, memory loss
 - ▶ Amputation due to disease
 - ▶ Amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease)
 - ▶ Congestive heart failure
 - ▶ Cystic fibrosis
 - ▶ Diabetes, type 1 or type 2, treated with insulin
 - ▶ Huntington’s disease
 - ▶ Liver cirrhosis
 - ▶ Multiple myeloma
 - ▶ Multiple sclerosis
 - ▶ Muscular dystrophy
 - ▶ Paraplegia or quadriplegia
 - ▶ Parkinson’s disease
 - ▶ Polycystic kidney disease
 - ▶ Schizophrenia
 - ▶ Scleroderma (except scleroderma morphea)
 - ▶ Stroke (cerebrovascular accident)
 - ▶ Systemic lupus erythematosus
 - ▶ Transient ischemic attack (TIA): multiple
5. ☐ Yes ☐ No Do you currently use any of the following medical devices, aids, or treatments (for any reason)?
 - ▶ Dialysis
 - ▶ Hospital bed
 - ▶ Motorized scooter
 - ▶ Oxygen (excluding CPAP)
 - ▶ Stair lift
 - ▶ Walker
 - ▶ Wheelchair
6. ☐ Yes ☐ No Do you currently require or receive human help or supervision with any of these activities because of intellectual disability (formerly referred to as mental retardation)?
 - ▶ Living independently
 - ▶ Making decisions about your money
 - ▶ Preparing meals
 - ▶ Shopping
 - ▶ Taking medications
 - ▶ Using transportation
 - ▶ Walking

7. ☐ Yes ☐ No Have you been diagnosed with any mental or nervous disorder for which you have been hospitalized in the past two years or for which you have had three or more hospitalizations in the past 10 years?



If the answer to each of Part B questions 4–7 is “No,” please continue with this application. If you are applying as the spouse of an eligible employee, complete Part B questions 8–10.

We will review your answers to determine if we can offer coverage. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage.

If the answer to any of Part B questions 4, 6, or 7 is “Yes,” you are **not** eligible for any of the insurance options under the FLCIP.

If the answer to any of Part B questions 4–7 is “Yes,” you are eligible for an alternative insurance plan or a non-insurance service package providing access to care coordination and a discounted network of long term care providers and services. If you would like to receive information about these options, make sure that your personal information in the previous section and Part B questions 1–7 are complete and mail this application. Do not complete the rest of this application.

If the answer to only Part B question 5 is “Yes,” you are **not** currently eligible for any of the insurance options under this program, shown in the Plan Options section of this application. If your condition resolves within six months of the date we receive this application, and your answer to Part B question 5 has changed from “Yes” to “No,” you may reapply using the FLCIP 3.0 Abbreviated Underwriting Application, and, in this instance, we will preserve your age as of that date. *(Indicate by checking below if you are reapplying under this provision.)*

- ☐ I am reapplying after the end of my 60-day eligibility period (but within six months of the date you received my initial application) because my answer to Part B question 5 has changed from “Yes” to “No” because my condition resolved.

If more than six months have passed since your initial application, you will need to submit the FLCIP 3.0 Full Underwriting Application to reapply.

For spouses only

If you are applying as the spouse of an eligible employee, please answer questions 8–10.

8. ☐ Yes ☐ No Do you currently require or receive human help or supervision with any of these activities?

- ▶ Making decisions about your money
- ▶ Shopping
- ▶ Using transportation
- ▶ Taking medications
- ▶ Walking
- ▶ Preparing meals

9. ☐ Yes ☐ No Do you use crutches and/or a multi-pronged cane?

If the answer to Part B questions 8 and/or 9 is “Yes,” please explain below. Attach a separate piece of paper if necessary. A registered nurse may call or visit you to get more information on your answers.

10. ☐ Yes ☐ No Are you currently working at a job and receiving payment for that job?

If yes, please provide the number of hours that you work per week: _____

Plan Options

Part E

You can **either** choose a prepackaged plan **or** customize your own plan. Do **not** choose both. If you have any questions about options or premiums, please refer to *Book One: Program Details and Rates*, visit us online at LTCFEDS.com/calculator, or call us at 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557.

Prepackaged plan	or	Customized plan																																
1. Choose a plan <table border="1"> <tr> <td><input type="checkbox"/> Plan A</td> <td>Daily benefit amount</td> <td>\$150</td> </tr> <tr> <td></td> <td>Benefit period</td> <td>2 years</td> </tr> <tr> <td><input type="checkbox"/> Plan B</td> <td>Daily benefit amount</td> <td>\$150</td> </tr> <tr> <td></td> <td>Benefit period</td> <td>3 years</td> </tr> <tr> <td><input type="checkbox"/> Plan C</td> <td>Daily benefit amount</td> <td>\$200</td> </tr> <tr> <td></td> <td>Benefit period</td> <td>3 years</td> </tr> <tr> <td><input type="checkbox"/> Plan D</td> <td>Daily benefit amount</td> <td>\$200</td> </tr> <tr> <td></td> <td>Benefit period</td> <td>5 years</td> </tr> </table>	<input type="checkbox"/> Plan A	Daily benefit amount	\$150		Benefit period	2 years	<input type="checkbox"/> Plan B	Daily benefit amount	\$150		Benefit period	3 years	<input type="checkbox"/> Plan C	Daily benefit amount	\$200		Benefit period	3 years	<input type="checkbox"/> Plan D	Daily benefit amount	\$200		Benefit period	5 years		1. Choose a daily benefit amount <table border="1"> <tr> <td><input type="checkbox"/> \$100</td> <td><input type="checkbox"/> \$150</td> <td><input type="checkbox"/> \$200</td> <td><input type="checkbox"/> \$250</td> </tr> <tr> <td><input type="checkbox"/> \$300</td> <td><input type="checkbox"/> \$350</td> <td><input type="checkbox"/> \$400</td> <td><input type="checkbox"/> \$450</td> </tr> </table>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
<input type="checkbox"/> Plan A	Daily benefit amount	\$150																																
	Benefit period	2 years																																
<input type="checkbox"/> Plan B	Daily benefit amount	\$150																																
	Benefit period	3 years																																
<input type="checkbox"/> Plan C	Daily benefit amount	\$200																																
	Benefit period	3 years																																
<input type="checkbox"/> Plan D	Daily benefit amount	\$200																																
	Benefit period	5 years																																
<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250																															
<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450																															
2. Choose an inflation protection option <table border="1"> <tr> <td><input type="checkbox"/> 3% automatic compound inflation option</td> </tr> <tr> <td><input type="checkbox"/> Future purchase option</td> </tr> </table>	<input type="checkbox"/> 3% automatic compound inflation option	<input type="checkbox"/> Future purchase option		2. Choose a benefit period <table border="1"> <tr> <td><input type="checkbox"/> 2 years</td> <td><input type="checkbox"/> 3 years</td> <td><input type="checkbox"/> 5 years</td> </tr> </table>	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 5 years																											
<input type="checkbox"/> 3% automatic compound inflation option																																		
<input type="checkbox"/> Future purchase option																																		
<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 5 years																																
		3. Choose an inflation protection option <table border="1"> <tr> <td><input type="checkbox"/> 3% automatic compound inflation option</td> </tr> <tr> <td><input type="checkbox"/> Future purchase option</td> </tr> </table>	<input type="checkbox"/> 3% automatic compound inflation option	<input type="checkbox"/> Future purchase option																														
<input type="checkbox"/> 3% automatic compound inflation option																																		
<input type="checkbox"/> Future purchase option																																		



Have you chosen a prepackaged plan **or** a customized plan? If you have chosen a prepackaged plan, check only one box for your plan and one box for your inflation protection option. If you have chosen a customized plan, be sure to check one box each for the daily benefit amount, benefit period, and the inflation protection option. **We cannot process this application if you leave any of these choices blank.**

Replacement Coverage

Part F

Please answer the following questions about replacement of existing coverage. Federal law requires that we ask you these questions. Your answers to these questions will **not** affect your eligibility for insurance under the FLTCIP. This insurance is also not intended to replace any existing medical or health insurance coverage. These are different types of insurance that cover different types of care.

- Medicaid (or other state-administered Medicaid program) is the state/federal program that helps pay medical costs for some people with low incomes and limited resources. Please note that Medicaid is **not** the same as Medicare.

☐ Yes ☐ No **Are you covered under Medicaid? If you answer "Yes," you may wish to carefully consider whether you really need long term care insurance.**
- If you currently have a long term care insurance policy or certificate, you should compare its benefits and costs with the benefits and costs of the FLTCIP. It may or may not make sense for you to replace that policy or certificate with coverage under this program. You should be certain that you are making an informed decision, and you should not cancel any long term care insurance you currently have unless or until your coverage under the FLTCIP is effective.

☐ Yes ☐ No **Are you replacing another long term care insurance policy or certificate currently in force with coverage under the FLTCIP? If you answer "Yes," we are required to notify your current insurance carrier that you have applied for coverage under this program. If you answer "Yes," please provide the following information:**

Policy number	
Insurance company name	
Insurance company street address	
City	State/Territory
Zip/Foreign postal code	

Visit LTCFEDS.com/apply to apply online or call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

Billing (choose one)

Part C

Payroll or annuity/ pension deduction

Visit our website at LTCFEDS.com/agency-search to find a payroll or annuity office identifier.

☐ **My pay or annuity/pension**

I authorize Long Term Care Partners (LTCP), LLC, to deduct premiums from my pay or annuity/pension. I have provided my Social Security number in Part A of this application.

Choose one:

(Insert **A, F, or I** below and fill in the remaining seven or eight characters)

☐ **CSRS/FERS annuity deductions**

CS

☐ **All payroll or other annuity/pension deductions**

Office identifier

or

☐ **Someone else's pay or annuity/pension**

If you are requesting that deductions be taken from someone else's pay or annuity/pension, that employee or annuitant must complete this section and sign the authorization below.

Choose one

(Insert **A, F, or I** below and fill in the remaining seven or eight characters)

☐ **CSRS/FERS annuity deductions**

CS

☐ **All payroll or other annuity/pension deductions**

Office identifier

☐ Mr. ☐ Mrs. ☐ Ms.

Payor's first name

M.I. Last name

Payor's Social Security number

I authorize LTCP to deduct from my pay or annuity/pension that amount necessary to pay the premiums for the FLTCIP coverage for this applicant.

Payor's signature X _____ (Required)

Date signed ____/____/____
(Required: mm/dd/yy)

or

Automatic bank withdrawal

☐ I authorize LTCP to initiate recurring automatic bank withdrawals from the account number provided. I authorize my bank to charge this account for such withdrawals. Withdrawals will begin the month after I am approved for coverage and will continue on the third business day each month thereafter.

Choose one: ☐ **Checking** ☐ **Savings**

We do not accept money market accounts.

Routing number

Account number

Depositor's signature X _____ (Required)

Date signed ____/____/____
(Required: mm/dd/yy)

or

Direct bill

If you are approved for coverage and you do not choose a billing option or fill out this part completely, you will be billed directly. For assistance with completing this page, please call us at **1-800-LTC-FEDS** (1-800-582-3337) TTY 1-800-843-3557.

☐ Please send me a direct bill monthly to the address I provided at the beginning of this application.

Visit LTCFEDS.com/apply to apply online or call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

Part H

Phone _____

- ☐ **Yes.** I have read the privacy policy at [LTCFEDS.com/privacy](https://www.ltcfeds.com/privacy) and agree to receive educational communications regarding the FLTCIP and other federal benefit programs.
- ☐ **No.** I would not like to receive educational communications at this time.

Beneficiary Information

Part I

FLTCIP 3.0 coverage includes a premium stabilization feature (PSF). One component of this feature is a refund of premium death benefit. The amount that may be available for this benefit is variable and based on a percentage of your FLTCIP premiums paid, less any claims paid, and less any premium offset used for you under the PSF. If your FLTCIP 3.0 coverage is in force on your date of death, any available PSF amount will be paid as a refund of premium death benefit to your designated beneficiary, your estate, or an alternative payee, as applicable. A beneficiary can be a person, trust, organization, or your estate. **Up to four beneficiaries may be designated at this time.**

☐ Check this box if you would like to designate 100% of this benefit to be paid only to your estate.

If you checked the box above, you may skip the remainder of the beneficiary section below and continue to the Agreement and Acknowledgment section on page 11.

or

If you would like to designate specific beneficiaries, continue below so we may collect initial data from you. If you are approved for FLTCIP coverage, we will confirm your beneficiary information at that time.

Please provide the following:

- ▶ all demographic information for each beneficiary listed
- ▶ an allocation percentage of at least 1% and no greater than 100% if more than one beneficiary is designated

Note: The total sum of all beneficiaries' allocation percentages must equal 100%. If any beneficiary predeceases you, unless you select another beneficiary, any amount payable on your death will be paid to the remaining beneficiaries.

If the above criteria is not met, or the provided information is not complete, any benefits payable under the refund of premium death benefit will be paid to your estate.

To designate specific beneficiaries, please fill out the form below.

Beneficiary 1

Please select the type of beneficiary you wish to designate for beneficiary 1 and provide the required information below.

☐ Individual ☐ Trust or organization ☐ Your estate*

*For estate, please provide only the allocation percentage in the designated box below.

For individuals, provide:	For trusts or organizations, provide:	Allocation percentage
<div>First name</div> <div>M.I. Last name</div> <div>Date of birth (mm/dd/yy)</div> <div>Social Security number or national ID</div> <div>Relationship to applicant</div>	<div>Trust or organization name</div> <div>Tax ID number</div> <div>Contact name or trustee</div>	<div>%</div>
<div>Address</div> <div>City</div> <div>Country</div> <div>Email</div> <div>Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Office</div>		
<div>State/Territory</div> <div>Zip/Foreign postal code</div>		

Visit LTCFEDS.com/apply to apply online or call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

Part I

*For estate, please provide only the allocation percentage in the designated box below.

*For estate, please provide only the allocation percentage in the designated box below.

Visit LTCFEDS.com/apply to apply online or call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

Part I

- ▶ If you rejected an automatic compound inflation option in Part E: Plan Options by choosing the future purchase option, you are confirming that you reviewed the descriptions and graphs of the inflation protection options in the FLTCIP 3.0 Outline of Coverage. You also understand that if you elect an automatic compound inflation option, you may switch to the future purchase option at any time. And if you elect the future purchase option, you may request to change from the future purchase option to the automatic compound inflation option, and should you make such a request:
 - ▶ you will be required to provide, at your expense, evidence of your good health that is satisfactory to us; and
 - ▶ the effective date of all future automatic compound benefit increases will be the anniversary of the first day of the month that next follows the date of our approval of your request.
- ▶ If you elected automatic bank withdrawal in Part G: Billing, you are authorizing your bank to charge your account for such withdrawals, payable to Long Term Care Partners. You understand that if a withdrawal is not honored by your bank for any reason, LTCP has no liability for the payments and you are responsible to pay your premium or your insurance coverage will be terminated. You understand that if two consecutive withdrawals are not honored by your bank for any reason, your billing method may change to direct bill. You understand that any past due premium will be collected by withdrawing up to two months of premium at a time from your account until your premiums are current. You understand that you will not receive any bills or other notices of the withdrawals from LTCP. You understand that your insurance coverage may be terminated for nonpayment of premiums. You also understand that you will receive notice of such nonpayment from LTCP before your coverage is terminated. You understand that you must contact LTCP at least 10 business days prior to the next scheduled withdrawal to revoke this authorization.
- ▶ If you elected payroll or annuity/pension deduction from your own pay or annuity/pension in the Part G: Billing, you are authorizing LTCP to deduct from your pay or annuity/pension the amount necessary to pay the premiums for the FLTCIP coverage issued to you. If you elect payroll deduction, then we reserve the right to deduct from your annuity/pension or direct bill you the amount necessary to pay the premiums on your retirement. You can cancel your payroll or annuity/pension deduction by contacting LTCP to choose a different billing option.
- ▶ If you named someone in Part H: Protection Against Unintended Lapse to receive a notice if your coverage is about to lapse, you are confirming that you understand that such notices do not obligate such person in any way and are not sent until 45 days after your premium was due but unpaid. You also understand that you may identify a person (or name a different person) to receive notice of pending lapse at any time in the future.



Please check the box and sign below.

The company's right to increase premiums: Premiums are not guaranteed. I understand that my premium will not change because I get older or my health changes or for any other reason related solely to me. Premiums may only increase if I am among a group of enrollees whose premium is determined to be inadequate. I understand that while the group policy is in effect, OPM must approve the change.

Note: You must check the above box to confirm that you have read and understand the paragraph above titled, “The company’s right to increase premiums.” We cannot process your application if you do not check the box.

Applicant's signature X _____ **Date signed** ____/____/____
(Required) (Required: mm/dd/yy)

Please return your completed application **by fax** to 1-866-921-4510 or **by mail** to Long Term Care Partners, LLC, P.O. Box 797, Greenland, NH 03840-0797.

Note: We may request medical records from your primary care physician or licensed health care practitioner. We will advise you by letter if this request is necessary. If we have any questions regarding the answers on your application, an associate with LTCP or one of our affiliated entities may reach out to you for additional information, either in writing or by phone.

Some of our affiliated entities may request that you provide them with a separate authorization for physician information in addition to the one in this application.

If any of our associates or affiliated entities need to reach out to you regarding any aspect of your application, they will identify themselves as contacting you on behalf of LTCP.



The **Federal** Long Term Care Insurance Program™

FLTCIP10437 v. 1 0919

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, and administered by Long Term Care Partners, LLC.



OPM.GOV